



WISCONSIN DEPARTMENT OF
PUBLIC INSTRUCTION

EVALUATION RUBRIC

FOR

OCCUPATIONAL THERAPISTS

AND

PHYSICAL THERAPISTS

2016-17 Pilot

Domain 1 ♦ Planning and Preparation

Component 1a: Demonstrating Knowledge of Content and Theory of Occupational or Physical Therapy Interventions

In order to guide student learning, therapists must have command of the occupational or physical therapy educational model. They must know which concepts and skills are central to and peripheral to the discipline. They must know how the discipline has evolved into the 21st century on a local, national and international basis, including knowledge of a student's culture. Accomplished therapists understand the internal relationships within the disciplines of occupational or physical therapy, and knowing which concepts and skills are prerequisite to the development of others. They are also aware of and can dispel the misconceptions between the educational and medical models of therapy, in order to advance a student in their motor skills and functional routines.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Knowledge of sensory and motor development and the structure of the discipline ----- Every discipline has a dominant structure, with smaller components, as well as central concepts and skills.	<ul style="list-style-type: none"> • The therapist does not consider prerequisite sensory and motor skills or other developmental skills when planning. • The therapist does not fully understand motor, cognitive and social development characteristics by age group and has unrealistic expectations for students. • <i>The therapist uses preschool tools/activities for high school students with developmental delays.</i> • <i>The therapist asks a 3-year-old who cannot sit independently to stand up.</i> • <i>The therapist requires a student to hold a writing tool with a mature grasp at 3 years of age.</i> 	<ul style="list-style-type: none"> • The therapist has basic understanding of developmental levels, but therapeutic intervention plans use limited instructional strategies, and some are not suitable for skill development. • The therapist inconsistently utilizes intervention strategies that are appropriate to the student's developmental level. • <i>The therapist has all students working on writing sentences when some students are at the letter recognition level.</i> • <i>The therapist begins tossing a playground ball with a student from 3 feet away and the student masters this skill. The therapist does not increase the challenge to build skill level (e.g., distance away, size of ball, speed).</i> 	<ul style="list-style-type: none"> • The therapist identifies important concepts of sensory and motor skill development and the relationships to one another. • The therapist understands the cognitive and ability levels of development for the students on their caseload. • <i>The therapist matches the letter writing activity to the student's cognitive and developmental level.</i> • <i>The therapist determines the student does not have sufficient strength for jumping, so works on squats prior to jumping to build leg strength.</i> • <i>The therapist realizes the student is unable to skip, so works on breaking down the motor pattern and practicing at a slower speed.</i> • <i>The therapist encourages students to be aware of their individual skill level when accessing the playground and making choices that are safe, yet challenges their motor skills.</i> 	<ul style="list-style-type: none"> • The therapist demonstrates knowledge of current research on child development, educational practice and implications for therapy. • The therapist consistently utilizes intervention strategies that are appropriate to the student's developmental level. • <i>The therapist participates in staff development and applies the sophisticated strategies learned in the classroom environment.</i> • <i>The therapist shares new strategies with families in order to incorporate them into the home environment.</i> • <i>The therapist has knowledge of current research on theories of motor control and development, technologies and best practice for school-based treatments.</i>

<p>Knowledge of therapy practice in the school environment</p> <p>-----</p> <p>Sensory and motor development have important prerequisite skills; experienced therapists know what these are and how to use them in planning appropriate therapeutic interventions in the educational environment.</p>	<ul style="list-style-type: none"> • The therapist demonstrates minimal knowledge and skills while practicing therapy in the school environment. • The therapist demonstrates minimal understanding of integrating appropriate services into the classroom or the necessity of collaborating and communicating with the team. • The therapist's plan uses inappropriate strategies for the therapy discipline, classroom or program environment. • The therapist makes intervention errors. • The therapist is unwilling or unable to explore answers to relevant questions asked by staff, family or student. • The therapist routinely provides direct services in a pull-out session without consideration of the least restrictive environment. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist has student repeat 10 reps of sit-ups to improve core strength in the middle of a math lesson.</i> • <i>The therapist observes a movement break completed by student and paraprofessional, and does not communicate with the team.</i> • <i>The therapist uses a stander with a student who is already able to stand independently.</i> 	<ul style="list-style-type: none"> • The therapist demonstrates basic knowledge and skills while practicing therapy in the school environment. • The therapist demonstrates basic understanding of integrating appropriate services into the classroom or the necessity of collaborating and communicating with the team. • The therapist believes that intervention strategies used in the medical setting cannot be used in the school setting. • The therapist's understanding of the discipline is entry level. • The therapist may not consider the benefits of providing services in the student's least restrictive environment. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist works on skills not aligned to the student's function in the school environment.</i> • <i>The therapist does not always provide adaptive seating for a student with poor sitting balance.</i> • <i>The therapist continues to give verbal prompts once the student demonstrates competence in the skill.</i> 	<ul style="list-style-type: none"> • The therapist demonstrates sufficient knowledge and skills while practicing therapy in the school environment. • The therapist demonstrates an understanding of integrating appropriate services into the classroom or the necessity of collaborating and communicating with the team. • The therapist understands that intervention strategies are not specific to the practice setting and uses whatever strategy is most appropriate for the student. • The therapist provides clear explanations of the therapeutic intervention. • The therapist considers the least restrictive environment to accomplish IEP goals. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist provides fine motor activities supported by evidence to help develop a grip at 3 years.</i> • <i>The therapeutic intervention plans with instructional strategies are entirely suitable to the school routine.</i> • <i>The therapist's plan for a student to reciprocate their feet during stair climbing is evident through verbal and physical cues.</i> 	<ul style="list-style-type: none"> • The therapist demonstrates comprehensive knowledge and skill in the therapy area and shows leadership capacities among colleagues. • The therapist understands and applies intervention strategies based on research and strategies that are appropriate for the student. • The therapist's therapeutic intervention plans reflect recent developments and align to content-related theory of intervention. • The therapist consistently provides therapy services in the student's least restrictive environment. • The therapist demonstrates the necessity of collaborating and communicating with the team. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist works with staff and family to ensure the designated interventions are implemented in the classroom and at home.</i> • <i>The therapist responds to student and staff questions accurately and provides feedback that furthers the student's sensory and motor skill development.</i> • <i>The therapist works on skills that demonstrate the eventual goal of independent living and working.</i>
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Domain 1 ♦ Planning and Preparation

Component 1b: Demonstrating Knowledge of Students

Occupational and Physical Therapists do not teach skill development in the abstract; they teach it to *students*. In order to ensure student learning, therapists must not only know motor skill development and its related theory of intervention, but they must know the students they teach. To ensure student learning, therapists must appreciate what recent research in cognitive psychology has confirmed, namely, that students learn through active intellectual engagement with content. While there are patterns in cognitive, social and emotional developmental stages typical of different age groups, students learn in their individual ways and may have skill gaps or misconceptions that the therapist uncovers in order to plan appropriate learning activities. Further, students have lives beyond school that a therapist considers —lives that may include athletic or musical pursuits, neighborhoods activities and family and cultural traditions. Students with disabilities whose first language is not English are considered by a therapist when planning therapeutic interventions and identifying resources so that all students have access to instruction.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Knowledge of the learning process ----- Learning requires active intellectual engagement.	<ul style="list-style-type: none"> The therapist does not account for or demonstrate an understanding of individual learning styles. <i>The therapist does not use visuals with a student who relies on visuals.</i> 	<ul style="list-style-type: none"> The therapist is aware of individual learning styles, but inconsistently or ineffectively applies that knowledge. <i>The therapist continues to use too many verbal cues when student is clearly unable to process the verbal directions.</i> 	<ul style="list-style-type: none"> The therapist addresses the individual learning styles per their caseload and applies that knowledge. <i>The therapist plans therapeutic activities using their knowledge of individual student learning styles.</i> 	<ul style="list-style-type: none"> The therapist has extensive understanding of individual learning styles per their caseload, and appropriately applies it to interventions using multiple strategies and tools. <i>The therapist collaborates with team members to utilize appropriate cuing, technology and/or materials to promote generalization, and student independence during routines.</i>
Knowledge of the student's interests and culture ----- Children's backgrounds influence their learning. Each student's therapy is specific to the student's level, learning style and culture, as well as, considering the task and environment characteristics.	<ul style="list-style-type: none"> The therapist does not take into consideration the student's learning style, culture, task, and/or environment. <i>The therapist plans a fine motor activity that involves a student making a Christmas tree and Santa delivering presents despite the fact that the student practices another religion.</i> 	<ul style="list-style-type: none"> The therapist recognizes that students' have different interests and culture, yet minimally draws on their contributions or differentiates materials to accommodate and differences in learning. <i>The therapist states the only therapeutic intervention that will work is surgery, and the family may not believe in surgery.</i> <i>Therapeutic intervention plans make only peripheral reference to students' interests.</i> 	<ul style="list-style-type: none"> The therapist is knowledgeable about a student's interests and culture, and incorporates this knowledge into the therapeutic intervention plan. <i>The therapist asks students, staff and parents about the student interests.</i> <i>The therapist incorporates culturally sensitive language when working with students, staff and families.</i> 	<ul style="list-style-type: none"> The therapist is knowledgeable and seeks out information from each student regarding their interests and culture. <i>The therapist includes therapeutic activities that honor all cultures and traditions, and represents those students in graphics and other media posted around the room.</i> <i>The therapist knows the student is on an adaptive baseball team and incorporates a baseball theme into interventions.</i>

<p>Knowledge of individual student disabilities</p> <p>-----</p> <p>Children do not all develop in a typical fashion. Each student has unique needs, even if they share the same medical diagnosis.</p>	<ul style="list-style-type: none"> • The therapist takes no responsibility to learn about student medical or sensorimotor abilities. ----- • <i>The therapist knows that students have IEPs, but has not studied them.</i> • <i>The therapist does not seek out updated medical information from the student's primary medical doctor or outpatient therapist.</i> 	<ul style="list-style-type: none"> • The therapist is aware of the medical issues and sensorimotor abilities of students, but does not seek to understand the implications of that knowledge. ----- • <i>The therapist uses the same motor/sensory assessment tool for students with intellectual disabilities and students with learning disabilities.</i> • <i>The therapist makes an attempt to coordinate with the student's outpatient therapist, but does not communicate with their primary medical doctor to gain updated medical information.</i> 	<ul style="list-style-type: none"> • The therapist understands each student's disability and addresses the student's unique needs in their educational documentation. ----- • <i>The therapist examines previous year's progress notes and IEP goals to determine if the student is making progress.</i> • <i>The therapist gains updated medical information from the student's primary medical doctor once a year and is in regular communication with the outpatient therapist.</i> 	<ul style="list-style-type: none"> • The therapist not only understands each student's disability, but actively seeks new information and updates educational documentation accordingly. ----- • <i>The therapist maintains a system of updated student records and offers input on medical and therapeutic needs when working with the IEP team.</i> • <i>The therapist communicates regularly with the medical team (e.g., rehab and orthopedic physicians), and provides opinions or updates for upcoming appointments to coordinate care.</i> • <i>The therapist discusses and prioritizes outcomes related to student educational needs based on current and future environmental demands and student/family preferences and IEP goals.</i>
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Domain 1 ♦ Planning and Preparation

Component 1c: Setting Student Outcomes

Therapeutic interventions are purposeful activities; even the most imaginative activities are directed toward certain desired learning outcomes. Therefore, establishing appropriate IEP goals entail identifying exactly what students will be expected to learn. The IEP goals describe not what students will do, but what they will learn. The IEP goals reflect important learning that must be assessed using various forms of assessment from which the mastery of goals are demonstrated. While the IEP goals determine the instructional activities, the resources used, individualization for each diverse learner, and the methods of assessment, they hold a central place in Domain 1. Experienced therapists articulate the therapists' role on the IEP team. They help the team to develop realistic, relevant and rigorous IEP goals for the student. These therapists adjust the level of therapy to maximize student potential.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Collaborative IEP goal writing ----- The therapist assists the IEP team in writing clear and measurable goals that identify expected student educational progress.	<ul style="list-style-type: none"> It is not clear how the therapist supports the IEP goals. The therapist writes IEP goals that include medical jargon, and are not collaborative with the IEP team members. The therapist writes IEP goals that are not collaborative, specific, measurable, nor attainable. ----- <ul style="list-style-type: none"> <i>IEP goals support a medical model of therapy rather than an educational model.</i> <i>Example Goal: The student will improve his core strength by sitting on a therapy ball for 2 minutes without loss of balance.</i> 	<ul style="list-style-type: none"> The therapist supports IEP goals, but does not always clearly communicate this information. The therapist writes IEP goals that include medical jargon, and also seeks input from the IEP team members. The therapist writes IEP goals that are inconsistent with respect to collaboration, specificity, measurability, and attainability. ----- <ul style="list-style-type: none"> <i>Suggestions made during the IEP team meeting are unclear to the members.</i> <i>Example Goal: The student will improve his ankle range of motion to 15 degrees of dorsiflexion to improve his ability to squat to the ground without loss of balance.</i> 	<ul style="list-style-type: none"> The focus of the therapy services provided are clearly stated in the IEP. The therapist writes IEP goals that are free of medical jargon. The IEP goals are written collaboratively and are specific, measurable and attainable. ----- <ul style="list-style-type: none"> <i>Service delivery times and methods are an accurate representation of student needs and progression towards IEP goals.</i> <i>Example Goal: The student will walk through the lunch line, gathering food items on a tray without spilling or dropping with minimal adult prompting on 80% of observed opportunities.</i> 	<ul style="list-style-type: none"> The therapist reports are clearly written on current levels of function and the focus of therapy. The therapist guides an interactive discussion with IEP team members to develop IEP goals that include student outcomes, is free of medical jargon and incorporates IEP team member expertise. All IEP goals are written collaboratively, and are specific, measurable, attainable, relevant, and timely (SMART). ----- <ul style="list-style-type: none"> <i>The therapist contributes to the IEP team meeting discussion with clear and understandable explanations.</i> <i>Example Goal: The student will keep up with her classmates when walking from her classroom to the lunchroom (150') on even surfaces and stairs, ¾ opportunities.</i>

<p>Creating a specific therapy plan of care ----- The therapist creates a treatment plan that outlines the student's name, birth date, diagnosis, precautions, current functional abilities, movement skills, and physical status, the IEP goals, PT or OT-specific goals that complement the IEP, planned interventions, indirect services such as collaboration, supervision of assistant, coordination with outside therapist, and documentation of progress.</p>	<ul style="list-style-type: none"> • The therapist does not write treatment plans. • Treatment techniques are random and unrelated. • The therapist does not modify the plan when needed for student performance. • The therapist does not take into consideration student levels, learning styles, interests, or culture when planning therapy sessions or consulting. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist recommends consultation only for all students on caseload</i> • <i>The therapist uses the same craft or motor group plan for all students to limit planning time and finds popular craft activities on the internet without considering the needs of each student.</i> 	<ul style="list-style-type: none"> • The therapist writes incomplete treatment plans. • The therapist's plan and treatment techniques correlate with each other, but some techniques do not fit with the broader IEP goals. • The therapist makes minimal modifications to the plan when needed for student performance. • Some IEP goals do not have clear meaning to other therapists or staff. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist values input from all team members.</i> • <i>The therapist plans activities for the whole year in advance using a guidebook for developing fine and gross motor skills. They continue the activities in the sequence provided in the book with limited modifications made.</i> 	<ul style="list-style-type: none"> • The therapist's IEP goals are clearly stated in the treatment plan and are relevant to the student's school needs. • The therapist's treatment plan contains activities and methods that will support the student's goal achievement. • The therapist modifies the plan when needed for student performance. • Therapy consists of regular consultation and the therapist has direct knowledge of the student's current functioning in the classroom. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist values input from all team members and takes the perspective of the team into consideration when recommending strategies and tools.</i> • <i>The therapist creates goals that align with state standards and classroom/school goals using some resources of evidence to support treatment strategies.</i> • <i>The therapist periodically reviews the student's performance and adjusts the therapy goals to reflect student growth.</i> 	<ul style="list-style-type: none"> • The therapist updates treatment plans for each student on their caseload, all of which are highly relevant to the IEP goals that have been developed by the IEP team. • The therapist's plan is extremely clear and supports the student's overall IEP goals. • The therapist expertly modifies the plan when needed for student performance. • Therapy is a balance of direct contact with the student and consultation with staff; optimizing the student's current functioning in the school environment. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist checks in with all staff members in the room to make sure everyone understands how to carry-over activities.</i> • <i>The therapist creates a comprehensive treatment plan aligned to the IEP goals which are relevant to student participation in the school environment, using evidenced-based techniques.</i> • <i>Goals are consistently monitored and adjusted to maximize student performance outcomes.</i>
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Domain 1 ♦ Planning and Preparation

Component 1d: Designing Coherent Intervention Strategies

Designing coherent intervention strategies is the heart of planning that includes the therapist's knowledge of sensory and motor development and of the individual student, the IEP goals, and the available resources. Such planning requires therapists to have a clear understanding of the state, district and school expectations for student learning and the skill to translate these into a coherent plan. It also requires that therapists understand the different characteristics of student disabilities and the active nature of student learning. Therapists must determine how best to sequence instruction in a way that will advance sensorimotor development in the school environment. Furthermore, such planning requires the thoughtful construction of therapy activities that contain cognitively engaging motor activities and the incorporation of appropriate resources and materials. Proficient practice in this component lends itself to a well-designed therapeutic intervention plan that addresses the learning needs of various student groups; one size does not fit all. At the distinguished level, the therapeutic intervention plan addresses the specific learning needs of each student, and ideas are solicited from students and staff on how best to structure the learning.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Embeds therapy interventions into the context of student activities and routines ----- Instruction engages students and advances sensorimotor skill development.	<ul style="list-style-type: none"> Therapy activities are uninteresting and/or not well aligned to the IEP goals. ----- <i>The therapist takes the student to the corner of the gym to practice walking heel to toe on a line when the rest of the class is playing a game of tag by skipping and galloping.</i> <i>The therapist pulls the student from the natural environment to an alternative activity when the in-classroom activity could be modified to meet the student's needs.</i> 	<ul style="list-style-type: none"> Therapy activities match instructional outcomes, are moderately challenging, and motivating some of the time. ----- <i>The therapist attempts to make activities meaningful and tied to instructional outcomes, but is successful only part of the time.</i> 	<ul style="list-style-type: none"> Therapy activities match instructional outcomes, are sufficiently challenging, and motivating most of the time. ----- <i>The therapist has a student out of their wheelchair and using a walker during PE, so they can participate with their peers in a game of soccer. The therapist helps the student balance so they can kick the ball to their friend.</i> 	<ul style="list-style-type: none"> Therapy activities match instructional outcomes, are adequately challenging, and motivating all of the time. ----- <i>The therapist instructs staff on helpful strategies to promote student independence with managing outerwear for repeated practice in a natural environment to participate in recess activities.</i>
Structure and differentiate interventions ----- The therapist intentionally organizes activities to meet IEP goals.	<ul style="list-style-type: none"> Therapeutic interventions are not structured or sequenced and are unrealistic in their expectations and time allocations. ----- <i>The therapist plans to do an obstacle course in the gym with early childhood students, but spends the entire time setting up so the students do not get to participate.</i> 	<ul style="list-style-type: none"> Therapeutic interventions have a recognizable structure, but the structure may not be maintained throughout and time use is not always efficient. ----- <i>The therapist plans activities for a group, but there are so many activities the students only get to try each activity once and do not get to practice the skills.</i> 	<ul style="list-style-type: none"> The therapeutic intervention plan is well structured with reasonable time allocations. ----- <i>The therapist plans an appropriate lesson for an early childhood gross motor group that includes different gross motor activities and allows adequate time to practice the skills.</i> 	<ul style="list-style-type: none"> Therapeutic interventions are well structured and differentiated for individual student and staff needs. ----- <i>The therapist instructs staff on how to properly utilize the PE4EC Kits so they can lead their own gross motor groups when the therapist is not there.</i>

Domain 1 ♦ Planning and Preparation

Component 1e: Individualizing Student Assessments

Good intervention requires assessment of sensory and motor development and functional ability within the school environment. Assessments of sensory and motor development ensure therapists know students have achieved the intended outcomes. These assessments must be designed in such a manner that evidence shows the IEP goals are being met. The assessments may need to be adapted to the particular needs of a student. For example, a student with autism may need an alternative method of assessment to demonstrate mastery of a skill. Assessment of learning enables a therapist to incorporate reviews directly into the therapeutic process and to modify or adapt intervention as needed to ensure student understanding. Such assessments, although used during intervention, must be designed as part of the planning process. These varied assessment strategies are on-going and may be used by both therapists and students to monitor progress toward IEP goals.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Use of appropriate tests and measures for informal ongoing assessments ----- The therapist tracks progress on IEP goals using informal assessments and outcome measures (e.g., timed up and down stairs, 6 Minute Walk Test, writing samples, timed keyboarding sample, documented observation in natural environments, and tallies).	<ul style="list-style-type: none"> Assessments lack connection with IEP goals. The therapist fails to correctly identify current developmental skill levels in the evaluation documentation. Assessments lack criteria. ----- <ul style="list-style-type: none"> <i>The therapist does not check to see if the student is capable of safely going up the stairs holding onto the rails before taking them to the open steps that do not have a railing.</i> <i>The therapist collects data on how often the student can independently spoon feed themselves when the IEP goal is about completing written work that is legible.</i> 	<ul style="list-style-type: none"> Some of the IEP goals are addressed in the planned assessments. Assessment criteria are vague or incomplete. ----- <ul style="list-style-type: none"> <i>The therapist asks the teacher to mark down when the student trips in the classroom, but does not collect data on the playground or in the gym.</i> <i>The therapist reports the student will meet the IEP goal for independence on the stairs during passing periods, however, the therapist has only worked with the student on the stairs when no students were present and never observed the student in a crowded environment.</i> 	<ul style="list-style-type: none"> All the IEP goals have a method for assessment that match learning expectations. Assessment criteria are clearly written. ----- <ul style="list-style-type: none"> <i>The therapist creates data sheets for assessing which handwriting strategies or accommodations are working and instructs staff how to record the data.</i> <i>The therapist uses a "Dressing Rubric" to determine a student's ability to meet their independent dressing goal on the IEP.</i> 	<ul style="list-style-type: none"> The therapist assesses IEP goals using various methods that may include: student, parent and staff input and needs, observation, formal assessment, rubrics, and data collection. ----- <ul style="list-style-type: none"> <i>The therapist provides the student a means of self-assessment; the student uses a self-monitoring sheet or verbalizes motor expectations.</i> <i>The therapist has different ways to assess students who have autism and students with intellectual disabilities.</i>

<p>Use of appropriate tests and measures for formal evaluations</p> <p>-----</p> <p>The therapist collects data on students using all levels of the International Classification of Functioning, Disability and Health (ICF) model: body function and structure (including psychological, social emotional, and sensory motor processing), activity, participation, and personal and environmental factors.</p>	<ul style="list-style-type: none"> • No assessment tools have been utilized. ----- • <i>The therapist evaluates handwriting but works on reading skills.</i> • <i>The therapist does not use any evaluation tools other than observation to determine or quantify why the student is having difficulty on the stairs.</i> 	<ul style="list-style-type: none"> • Plans refer to the use of formal and informal assessments, but they are not fully addressed. • The therapist only looks at one or two areas of the ICF. ----- • <i>The therapist uses a section of the School Function Assessment (SFA) to look at how the student is able to use classroom tools, but is unsure how to administer the test or interpret the data.</i> • <i>The therapist determines activity or participation restrictions, but does not perform testing on body structure and function to determine the cause of the restrictions.</i> • <i>Using the SFA, the therapist determines the student has difficulty navigating the stairs at the same speed as peers, but never determines if that is due to an issue with strength, balance, spatial awareness, depth perception, or coordination.</i> 	<ul style="list-style-type: none"> • Includes formal and informal assessments to use during instruction or evaluations. • The therapist looks at all areas of the ICF, but fails to look at contextual factors that may be affecting function. • Plans indicate modified assessments when they are necessary for some students. ----- • <i>The therapist plans multiple visits so that they can assess the student's ability on the stairs in different school environments at different times throughout the day.</i> • <i>Using the SFA, the therapist determines the student has difficulty navigating the stairs at the same speed as peers, then concludes the issue is due to decreased strength, but does not fully explain how environmental factors of the crowded and distracting hallway also negatively affect performance.</i> 	<ul style="list-style-type: none"> • The therapist actively involves staff in collecting information for formal and informal assessments and encourages them to provide input. • The therapist looks at the whole child when performing an assessment and assesses all areas of the ICF model. ----- • <i>The therapist works with other staff to make sure the rubrics being used to assess progress are appropriate for the student's ability level.</i> • <i>Using the SFA, the therapist determines the student has difficulty navigating the stairs at the same speed as peers. They perform the Timed Up and Down Stairs test to quantify the speed and compare to established norms, then tests to determine the issue is due to decreased strength, and notes how environmental factors of the crowded and distracting hallway negatively affect performance.</i>
<p>Use for planning</p> <p>-----</p> <p>Results of assessment guide future planning.</p>	<ul style="list-style-type: none"> • Assessment results are not used toward future planning. • The therapist only looks at participation and does not determine underlying cause of dysfunction. ----- • <i>The therapist notices a student is tripping more frequently, but does not take any action.</i> 	<ul style="list-style-type: none"> • Assessment results are inconsistently used to work towards IEP goals. • The therapist looks at both participation and underlying cause of dysfunction, but does not connect how they are affecting each other and does not prioritize treatment goals and interventions. ----- • <i>The therapist identifies difficulties with handwriting but does not provide classroom strategies/accommodations.</i> 	<ul style="list-style-type: none"> • Therapeutic intervention plans indicate possible adjustments based on assessment data collected throughout the year. • The therapist looks at both participating and underlying cause of dysfunction and prioritizes treatment goals and interventions in some areas. ----- • <i>The therapist examines data and notes the student only trips on days the orthotics are not worn. The therapist contacts parents to discuss the importance of wearing them and provides the teacher with different strategies</i> 	<ul style="list-style-type: none"> • The therapist collaborates with IEP team members and uses current evidence design and/or implement appropriate assessments based on individual student strengths and areas of need. The therapist uses results to guide IEP planning. • The therapist examines both participating and underlying cause of dysfunction and prioritizes treatment goals and interventions in all areas. ----- • <i>The therapist provides handwriting strategies or accommodations, instructs staff</i>

			<i>to use on days when the student does not wear orthotics.</i>	<i>on how to use them and has regular check-ins.</i> <ul style="list-style-type: none"> • <i>The therapist understands the many factors that go into choosing the correct method of assessment and uses the results to help students progress.</i>
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Domain 2 ♦ The School Based Therapy Environment

Component 2a: Establishing High Expectations for Therapeutic Interactions

A “culture for learning” refers to the atmosphere in the therapeutic environment that reflects the educational importance of the work undertaken by both student and therapist. It describes the norms that govern the activity-based interactions among individuals, the value of hard work and perseverance and the general tone of the class. There are high expectations for all students and the therapy environment is a place where the therapist and students value learning and hard work. Therapists who are successful in creating a culture for learning know that students are naturally curious. They also know that students derive great satisfaction, and a sense of genuine power from mastering challenging content in the same way they experience pride in mastering (e.g., a difficult physical skill). Part of the culture of hard work involves precision in thought and language; therapists whose learning environments display such a culture insist students use communication to the best of their ability to express their thoughts clearly. The therapy environment may be vibrant, even joyful, but it is not frivolous.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Conveys importance of the therapy intervention and of learning ----- In a therapy environment with a strong culture for learning, therapists convey the educational and functional value of what the students are learning.	<ul style="list-style-type: none"> The therapist conveys that there is little or no purpose for the intervention or work. ----- <i>The therapist tells students they are doing a therapy activity only because they have to meet their IEP goal.</i> 	<ul style="list-style-type: none"> The therapist's primary concern appears to complete the task without regard to the student's level of performance. ----- <i>The therapist tells the student to finish writing their letters, however, the student does not display the correct form and feedback is minimal.</i> 	<ul style="list-style-type: none"> The therapist communicates the intervention and how it relates it to school function. ----- <i>The therapist says, "This exercise is important so your hands won't fatigue when you're writing."</i> 	<ul style="list-style-type: none"> The therapist communicates with passion the importance of the skill addressed and how it relates to improved school function. ----- <i>The therapist says, "I am so happy to see you using the correct grip. This will be so helpful when you have to draw or write."</i>
Expectations for learning and achievement for students ----- All students receive the message that although the work is challenging, they are capable of working to the best of their abilities.	<ul style="list-style-type: none"> The therapist conveys to students that the expectation is too challenging for them. ----- <i>The therapist is unable to describe purpose of activity and/or how it relates to IEP goals.</i> <i>The therapist does not express enthusiasm to student; uses monotone voice when interacting.</i> 	<ul style="list-style-type: none"> The therapist conveys high expectations for some students. ----- <i>The therapist does not encourage students who are struggling.</i> <i>Through voice or actions, the therapist provides too little guidance or encouragement to student.</i> 	<ul style="list-style-type: none"> The therapist conveys high expectations for most students. The therapist demonstrates a high regard for student's abilities. ----- <i>Through words and/or actions the therapist demonstrates enthusiasm to student.</i> 	<ul style="list-style-type: none"> The therapist conveys high expectations for all students regardless of functional ability. The therapist conveys the satisfaction that accompanies a deep understanding of therapeutic activities. ----- <i>The therapist expresses enthusiasm using the method best suited to student (e.g., behavior charting, sign language, applause, high five).</i>

<p>Positive interactions with students and other staff, including both words and actions</p> <p>-----</p> <p>Through their interactions, therapists convey they are interested in and care about their students and other staff. The therapist models positive interactions that enable a student to demonstrate genuine caring for one another as individuals and as students to the best of their ability.</p>	<ul style="list-style-type: none"> • The therapist is negative or disrespectful toward students or insensitive to student age, cultural background or developmental level. • The therapist displays no familiarity with or caring about individual students. • The therapist disregards teacher expertise in the classroom. • The therapist does not acknowledge a student's body language that might indicate hurt feelings, discomfort or insecurity. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist puts down or disregards teacher's expertise.</i> • <i>The therapist does not call students by their names.</i> • <i>The therapist does not use appropriate body language or eye contact when interacting with others.</i> 	<ul style="list-style-type: none"> • The therapist's interactions are a mix of positive and negative, and efforts at developing rapport are partially successful. • The therapist attempts to respond to disrespectful behavior with inconsistent results. • The quality of interactions between therapist and student are inconsistent, with occasional disrespect or insensitivity. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist interrupts the teacher during instruction.</i> • <i>The therapist demonstrates occasional use of appropriate body language and eye contact when interacting with others.</i> • <i>Interactions with the student or teacher may sometimes be uncomfortable.</i> 	<ul style="list-style-type: none"> • The therapist exhibits respect for all IEP team members. • The therapist successfully responds to disrespectful behavior based on individual BIP's. • Interaction between the therapist and all students is uniformly positive and respectful. • The therapist has established a climate in which students are generally polite and respectful. • The therapist responds successfully to disrespectful behavior among students. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist follows the behavior management style established by the classroom teacher.</i> • <i>The therapist gets on the same level with students; kneeling, beside a student at their desk or in a wheelchair.</i> • <i>The therapist uses appropriate body language and eye contact when interacting with others.</i> • <i>When scheduling therapy, the therapist collaborates with the teacher to respect instructional time while meeting student needs.</i> 	<ul style="list-style-type: none"> • The therapist demonstrates knowledge and caring about individual student lives beyond school. • The therapist respects and encourages student efforts. • Students exhibit respect for the therapist and participate without fear of put-downs or ridicule. • Students seek out the therapist, reflecting a high degree of comfort and trust. • The therapist has respect for all team members and, in turn, they have confidence in the therapist's knowledge of their field of therapy. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist may inquire about adaptive needs for a student's extracurricular activities or hobbies.</i> • <i>The therapist praises student effort.</i> • <i>The therapist praises the teacher and student for following through on interventions.</i>
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Domain 2 ♦ The School Based Therapy Environment

Component 2b: Managing the Therapy Environment

A smoothly functioning therapeutic environment is a prerequisite to good instruction and encourages high levels of student engagement. Therapists establish and monitor routines and procedures that consequently set the stage for a smooth operation and efficient use of time in the therapeutic environment. In addition, the hallmarks of a well-managed therapy session are the transitions between activities and management of materials and adaptive equipment skillfully prepared to maintain momentum and maximize instructional time.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Management of therapy requirements according to district/state/national educational and medical guidelines ----- The therapist adheres to policies and established procedures at all levels.	<ul style="list-style-type: none"> • The therapist does not adhere to guidelines of local, state and federal guidance when providing therapy. • The therapist does not comply with IEP requirements. • The therapist ignores district policies and procedures. ----- <ul style="list-style-type: none"> • <i>IEP service timelines are not met.</i> • <i>The therapist does not follow and/or claims they are not aware of district special education policies.</i> • <i>Assessments and written reports are not complete for a scheduled evaluation or IEP.</i> • <i>The therapist does not contribute to progress reporting.</i> 	<ul style="list-style-type: none"> • The therapist does not fully adhere to local, state and federal guidance when providing therapy. • The therapist inconsistently complies with district policy and procedures, and still needs reminders for accuracy and timeliness. ----- <ul style="list-style-type: none"> • <i>The therapist does not complete required IEP paperwork within district timelines.</i> • <i>The therapist makes errors when completing department and/or district requirements (e.g., IEPs, evaluations, MA billing, progress notes).</i> • <i>Assessments are complete, but vague or not concise.</i> • <i>Some pertinent information is missing in written documentation.</i> 	<ul style="list-style-type: none"> • The therapist adheres to all local, state and federal guidance when providing therapy. • All student therapy and consultation services meet IEP service requirements. • The therapist adheres to all legal regulations including policies and procedures, and therapy guidelines established by the federal and state government and local district. ----- <ul style="list-style-type: none"> • <i>The therapist accurately and timely completes department and/or district requirements (e.g., IEPs, evaluations, MA billing, progress notes).</i> 	<ul style="list-style-type: none"> • Reports are detailed, specific and within legal parameters for future planning. • The therapist meets all IEP service time and attempts to make up missed sessions. • The therapist demonstrates substantive knowledge of state, federal, and local requirements when providing therapy and collaborates with other professionals outside of their district. ----- <ul style="list-style-type: none"> • <i>The therapist helps to establish new department or district initiatives.</i>
Supervision of Occupational Therapy Assistants (OTAs), Physical Therapist Assistants (PTAs) and/or Paraprofessionals -----	<ul style="list-style-type: none"> • The therapist does not follow up or clearly articulate roles and responsibilities of a paraprofessional or therapy assistants. • The therapist does not delegate any tasks and does not train staff on tasks they are required 	<ul style="list-style-type: none"> • The therapist is inconsistent in giving paraprofessionals or therapy assistants defined duties. ----- <ul style="list-style-type: none"> • <i>Paraprofessional or therapy assistant has to seek out</i> 	<ul style="list-style-type: none"> • The therapist provides supervision to the therapy assistants and paraprofessionals according to state guidelines. ----- <ul style="list-style-type: none"> • <i>The therapist guides the therapy assistants to make decisions</i> 	<ul style="list-style-type: none"> • The therapist provides supervision and welcomes feedback from therapy assistants and paraprofessionals. ----- <ul style="list-style-type: none"> • <i>The therapist collaborates with therapy assistants to make</i>

Not every therapist has the benefit of assistance from OTAs, PTAs and paraprofessionals, but those who do recognize that it takes both organization and management to help these individuals understand their duties and acquire the skills to carry them out.	<p>to complete on a regular basis. -----</p> <ul style="list-style-type: none"> • <i>The therapist does not instruct paraprofessionals or therapy assistants on use of adaptive equipment.</i> 	<i>therapist vs. therapist providing regular supervision and training.</i>	<p><i>about interventions.</i></p> <ul style="list-style-type: none"> • <i>The therapist regularly trains and keeps records on duties delegated to paraprofessionals.</i> 	<p><i>decisions about interventions.</i></p> <ul style="list-style-type: none"> • <i>The therapist provides in-services and training for staff in the natural environment where the skill is performed.</i> • <i>The therapist provides a supporting document for staff to reference if questions arise when the therapist is not available.</i>
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Domain 2 ♦ The School Based Therapy Environment

Component 2c: Managing Student Behavior

In order for students to be able to engage deeply with content, the therapy environment must be orderly. The atmosphere must feel business-like and productive, without being authoritarian. In a productive therapy environment, standards of conduct are clear to students and they know what behaviors are permitted. Even when their behavior is being corrected, students feel respected and their dignity is not undermined. Skilled therapists regard positive student behavior not as an end in itself, but as a prerequisite to high levels of engagement in content.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Expectations for student conduct have been established ----- It is clear, either from what the therapist says or student actions that expectations for student conduct are established and implemented.	<ul style="list-style-type: none"> • The therapist has not established any standards of conduct. • The therapist does not communicate with staff regarding student behavior and expectations. • <i>The therapist promises reward to student without checking with staff.</i> 	<ul style="list-style-type: none"> • Standards of conduct have been established, but are vague and undefined. ----- • <i>The therapist does not always follow the rules of the classroom or does not take the initiative to learn about the classroom rules.</i> 	<ul style="list-style-type: none"> • Standards of conduct have been established and implemented successfully. ----- • <i>The therapist reviews behavior expectations at the start of therapy session.</i> 	<ul style="list-style-type: none"> • Standards of conduct are clear to all students and may have been developed with student input. ----- • <i>The therapist is familiar with PBIS language and expectations specific to student's school.</i>
Appropriate response to student misbehavior ----- Accomplished therapists seek to understand why students exhibit certain behaviors, and they respond in respectful ways that upholds the student's dignity. The best responses are those that address misbehavior early on.	<ul style="list-style-type: none"> • The therapist does not monitor student's behavior. • The therapist does not respond to misbehavior or the response is inconsistent and disrespectful of the student's dignity. ----- • <i>Students are talking among themselves, with no attempt by the therapist to call for silence.</i> • <i>The therapist does not match behavior and specific language to classroom rules and expectations.</i> 	<ul style="list-style-type: none"> • The therapist response to student misbehavior is partially successful, but at times inconsistent or harsh, other times lenient. • The therapist attempts to keep track of student's behavior, but with no apparent system. ----- • <i>The therapist is inconsistent with verbal and non-verbal communication when interacting with student.</i> • <i>The therapist occasionally matches behavior and specific language to classroom rules and expectations.</i> 	<ul style="list-style-type: none"> • The therapist's response to student's misbehavior is effective while respectful of student dignity. ----- • <i>Upon a nonverbal, verbal or visual signal from the therapist, students correct their behavior.</i> • <i>The therapist matches behavior and specific language to classroom rules and expectations.</i> 	<ul style="list-style-type: none"> • The therapist's response to misbehavior is highly effective and sensitive to student's individual needs. ----- • <i>The therapist is familiar with a student's BIP and follows the plan to appropriately address behavior concerns.</i> • <i>The therapist responds respectfully to a student's misbehavior and uses verbal, non-verbal and visual cues appropriate for the student's needs.</i> • <i>The therapist silently and subtly monitors student behavior.</i>

Domain 2 ♦ The School Based Therapy Environment

Component 2d: Organizing Physical Space/Adaptive Equipment

The use of the student's natural environments to promote learning is of importance to an experienced therapist. Based on the student unique needs and the least restrictive environment, the environment varies. Naturally, therapeutic environments must be safe and all students must be able to see and hear what is going on so that they can participate actively. The therapist ensures the student is able to effectively use the appropriate adaptive equipment and assistive technology.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Monitor safety and accessibility of educational environment and adaptive equipment ----- Physical safety is a primary consideration of all therapists; no learning can occur if students are unsafe or if they do not have access to learning resources.	<ul style="list-style-type: none"> There are physical hazards in the learning environment that endanger student safety. ----- <i>Adaptive equipment is damaged and not safe.</i> 	<ul style="list-style-type: none"> The physical environment is safe, but the therapist fails to control the distractions. ----- <i>The therapist ensures that dangerous items are out of harms' way.</i> 	<ul style="list-style-type: none"> The physical environment is safe and all students have equal access. The therapist regularly inspects and documents safety of adaptive equipment. ----- <i>The therapist assists the teacher in arranging the environment for maximal learning.</i> 	<ul style="list-style-type: none"> Modifications are made to the physical environment to accommodate all students. The therapist provides an in-service for staff on how to inspect and monitor safety of adaptive equipment. ----- <i>The therapist assists in arranging all school environments free of barriers for maximal learning.</i>
Arrangement of furniture and use of physical resources is appropriate for each student ----- Both the physical arrangement of a therapy environment and the resources provide opportunities for therapists to advance learning. When these resources are used skillfully, the students themselves contribute to the use or adaptation of the physical environment.	<ul style="list-style-type: none"> Available equipment and technology is not being used and, if available, its use would enhance the lesson. There is a loss of therapy time due to disorganized materials and/or transition. ----- <i>The therapist does not have appropriate intervention materials for therapy sessions.</i> <i>The therapist fails to implement modifications, adaptive equipment or assistive technology.</i> 	<ul style="list-style-type: none"> The therapist makes limited use of available technology and other resources. The physical environment is not an impediment to learning, but does not enhance it. Routine materials for therapy are available and organized, but essential materials are not readily available. ----- <i>The therapist has to adjust therapy plan because materials are inappropriate.</i> <i>The therapist has provided equipment for technology; but it is not used or is not effective.</i> 	<ul style="list-style-type: none"> The physical environment is arranged to support the instructional goals and learning activities. The sensory environment is conducive to the student's needs. The therapist makes appropriate use of available equipment and technology. The therapist records and inventories equipment based on district policy. ----- <i>Adaptive equipment and technology is safe and utilized routinely.</i> 	<ul style="list-style-type: none"> There is a total alignment between the learning activities and the physical environment. The therapist makes extensive and imaginative use of available technology. The therapist develops a schedule that creates optimal learning opportunities for students. Necessary equipment is in place for student to achieve goals. ----- <i>Adaptive equipment and technology is used to its maximum potential.</i>

Domain 3 ♦ Therapy Intervention

Component 3a: Delivering Effective Direct Therapy Services

To deliver effective direct therapy, a therapist must have the skills to make adjustments to the lesson when responding to changing conditions. When a therapy session is well planned, there may be no need for changes during the course of the activity. Shifting the approach in midstream is not always necessary, indeed, with experience comes skill in accurately predicting how an activity will go and being prepared for different scenarios. But even the most skilled and best prepared therapists find that an activity is not proceeding as they would like or that a teachable moment presents itself, and they are ready for such situations. Nonetheless, therapists who are committed to student success persist in their attempts to engage students in learning, even when confronted with setbacks during the therapy session. The therapist must monitor student understanding, provide facilitation and feedback as needed and decrease facilitation as student competence increases.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Chooses appropriate therapeutic activities and demonstrates understanding of the student's skills, knowledge, and language proficiency ----- The therapist understands what students are able to learn at any given time is influenced by their level of knowledge and skill and chooses appropriate activities to perform during a session to address IEP and treatment plan goals.	<ul style="list-style-type: none"> • The therapist does not choose appropriate therapeutic interventions based on student skills. • The therapist does not try to ascertain varied ability levels for students on their caseload. • <i>The therapist does not differentiate interventions and uses the same activity for all students regardless of their skill level.</i> 	<ul style="list-style-type: none"> • The therapist chooses some appropriate activities, but they are not well structured or organized. • The therapist is able to consistently cite typical motor, cognitive, language, and social developmental characteristics across age groups, but does not integrate that information into treatment techniques. • The therapist is able to recognize the most important components of student skills, but may fail to recognize smaller or less important components. • <i>The therapist provides instructions to students who does not comply. The therapist fails to recognize the student's lack of understanding and does not change the method of communication (e.g., verbal to visual).</i> 	<ul style="list-style-type: none"> • The therapist chooses therapeutic activities that are appropriate to student skills, and addresses them in the IEP and treatment plan goals. • The therapist is able to identify student motoric level of development and how it is different from peers. • The therapist is able to recognize the most important components of student skills. • <i>The therapist chooses an activity that directly addresses an identified impairment area in the student's IEP or treatment plan.</i> • <i>The therapist gives instructions to student who does not comply. The therapist recognizes the student's lack of understanding and changes the method of communication (e.g., verbal to visual).</i> 	<ul style="list-style-type: none"> • The therapist expertly chooses therapeutic activities that will be best suited to the student in their environment. They distinguish between similar activities that work on the same skill to the most effective exercise given the individual circumstances. • The therapist consistently identifies student skill level across a variety of settings. • <i>The therapist regularly adapts treatment strategies and adaptive learning materials for students and in collaboration with the teacher.</i> • <i>The therapist chooses between several different core strengthening activities that best simulates the way the skill will be needed in the student's natural environment.</i>
Monitors and adjusts therapy intervention based on student performance	<ul style="list-style-type: none"> • The therapist does not attempt to adjust the activity in response to student confusion. 	<ul style="list-style-type: none"> • The therapist's attempts to adjust the activity are partially successful. • There is little evidence that the 	<ul style="list-style-type: none"> • The therapist incorporates student interests and questions into the heart of the intervention. • When improvising becomes 	<ul style="list-style-type: none"> • The therapist seizes on a teachable moment. • The therapist's adjustments to the activity are designed to assist

<p>-----</p> <p>Experienced therapists are able to make both minor and, at times, major adjustments to an activity. Such adjustments depend on a therapist's store of alternate instructional strategies and the confidence to make a shift when needed.</p>	<ul style="list-style-type: none"> • <i>"Today you will . . ." without explaining why they are doing the activity.</i> • <i>The therapist forges ahead with an activity even though it is clear that the student is confused.</i> • <i>The therapist asks the teacher how the student is doing without observing the student.</i> 	<p>student understands how the activity will help in a school environment.</p> <ul style="list-style-type: none"> • The therapist monitors understanding only through questioning or discussion with staff without observing how the student performs the activity. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist rearranges the way the student performs the activity to increase student success.</i> • <i>The therapist explains the desired end result.</i> • <i>The therapist observes the student performance, but does not get input from the teacher.</i> 	<p>necessary, the therapist adjusts the therapy session.</p> <ul style="list-style-type: none"> • The therapist elicits evidence of student understanding of the activity. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist uses visual schedules, physical prompts and/or auditory cues to promote success in an activity.</i> 	<p>individual students.</p> <ul style="list-style-type: none"> • The therapist demonstrates flexibility, priority setting and effective time management strategies. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist incorporates the school's field day activities into therapeutic activities.</i> • <i>The therapist reminds student of the steps needed for success, and includes the student in determining the type of feedback that works best for the student during the activity.</i>
<p>Persistence and problem solving to promote student success</p> <p>-----</p> <p>Committed therapists do not give up easily; when students encounter difficulty in learning (which all do at some point), these therapists seek alternate approaches to help their students become successful.</p>	<ul style="list-style-type: none"> • The therapist adheres to the treatment plan or program, in spite of its obvious inadequacy. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist says, "We don't have time for that today."</i> • <i>The therapist does not comment on student effort or movement during or after an activity.</i> 	<ul style="list-style-type: none"> • The therapist makes only minor attempts to engage students in self-assessment. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist says, "I realize you are not getting this, but we can't spend any more time on it."</i> 	<ul style="list-style-type: none"> • The therapist conveys to the student that there are other approaches to try when the student experiences difficulty. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist gives the student choices in activities to increase student interest.</i> • <i>The therapist asks the student to self-assess and works with the student to develop strategies to increase success.</i> 	<ul style="list-style-type: none"> • The therapist is consistently "taking the pulse" of student progress, monitors use of strategies and facilitates to elicit information about individual student ability in the educational setting. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist provides positive reinforcement appropriate to age and cognition of student performing activity</i>

Domain 3 ♦ Therapy Intervention

Component 3b: Engaging the Student in Learning

Student engagement in learning is the centerpiece of this Evaluation Rubric and its components. When students are engaged in learning, they are not merely “busy,” nor are they only “on task.” Rather, they are intellectually active in learning important and challenging content. The critical distinction between a classroom where students are compliant and busy and a classroom where they are engaged in learning is that students are engaged in the motor, sensory and cognitive functions of the activity. A therapy session in which students are engaged usually has a discernible structure: a beginning, a middle and an end with use scaffolding incorporated by the therapist. Student tasks are organized to provide both motoric and cognitive challenge, and students are encouraged to reflect on what they have done and what they have learned. The therapist provides closure to an activity by encouraging students to reflect and to continue use of the important components from the therapeutic activities. Critical questions for an observer in determining the degree of student engagement are “What is the student being asked to do? Does the therapeutic task involve student initiation? Are students challenged to remember sequence steps in the activity?” If students are only performing rote tasks they are unlikely to be motorically and cognitively engaged. In observing a therapy session, it is essential not only to watch the therapist, but also to pay close attention to the students and what they are responding to the activity. The best evidence of student engagement is what students are saying and doing as a consequence of what the therapist does or has done or has planned.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Encourages and supports student participation and engagement ----- The therapeutic activities are the centerpiece of student engagement, since they determine what it is that students are asked to do. Activities and assignments that promote student participation in the educational environment are the hallmark of therapeutic instruction.	<ul style="list-style-type: none"> • The therapist does not give directions to the students. • Therapeutic tasks and activities require only repetition or direction following. • Only one type of facilitation (verbal, physical or tactile) is used when a variety would promote more student engagement. • <i>The student disregards the directions or facilitation given by the therapist; it appears to be too difficult for them.</i> • <i>The student performs only rote skills without regard to appropriate use.</i> 	<ul style="list-style-type: none"> • The student is given minimal direction as to how to proceed. • Therapeutic tasks are a mix of those requiring practice and those requiring facilitation. • Multiple types of facilitation are used during the session. • <i>The student waits for directions rather than initiating activity based on a visual or tactile cue.</i> • <i>The therapist is seen giving physical prompts or visual cues in addition to verbal directions.</i> 	<ul style="list-style-type: none"> • The therapeutic tasks encourage student to initiate movement and/or to find solutions. • The student is encouraged to contribute ideas for making the activities more meaningful in the classroom. • <i>The student initiates a task as soon as a direction is given, continuing the task without further direction.</i> • <i>The student knows what to do through therapist's tactile or visual cues rather than waiting for verbal directions.</i> 	<ul style="list-style-type: none"> • Therapy activities require student initiation and continuing engagement for their success. • Students take initiative to improve the activity by (1) modifying a learning task by making it more meaningful or relevant to their needs, (2) suggesting modifications to the environment, and/or (3) suggesting modifications or additions to the materials. • <i>The student makes suggestions for incorporating the therapy activities at home or at school.</i> • <i>The student demonstrates activities learned in therapy to other staff, peers or parents.</i>
Choses appropriate adaptive equipment and materials -----	<ul style="list-style-type: none"> • The therapy equipment and materials used are unsuitable to the environment, age level and/or developmental level of the student. 	<ul style="list-style-type: none"> • The therapy equipment and materials used are suitable to the environment, age level and/or developmental level of the student. 	<ul style="list-style-type: none"> • Equipment, materials and resources support the IEP goals and are appropriate for the learning environment and the age of the student. 	<ul style="list-style-type: none"> • The therapist offers multiple options to team members to determine the most appropriate materials and equipment for a student's age and skill level.

<p>The adapted equipment or materials a therapist selects to use in the educational environment may have an enormous impact on a student's skill development. Choosing the proper adapted equipment that meets student and staff needs, contributes to student progress toward IEP goals, and is an essential component of therapeutic intervention and instruction.</p>	<ul style="list-style-type: none"> • The therapist is not familiar with pediatric adaptive equipment or community resources. ----- • <i>The therapist uses a stander for a student who is independent in standing.</i> • <i>The therapist uses an adapted utensil grip with a student who has adequate fine motor control.</i> 	<ul style="list-style-type: none"> • The therapist is familiar with adaptive equipment, but is not familiar with community resources. ----- • <i>A large piece of positioning/mobility equipment is suitable for a student; but unsuitable for the classroom environment.</i> • <i>A fat crayon works for a primary student, but is inappropriate to use at the middle school level.</i> 	<ul style="list-style-type: none"> • The therapist educates and provides resources outside the classroom for students, staff and families. ----- • <i>The therapist provides the family a list of activities and/or community resources to promote motor development over the summer.</i> • <i>The therapist is familiar with pediatric adaptive equipment and knows how to procure the items.</i> • <i>The therapist acquires a stander for a high school student who is not yet able to stand, so they can participate in standing activities alongside their peers during chemistry lab.</i> 	<ul style="list-style-type: none"> • The therapist seeks input from staff when making modifications to equipment so the student can generalize the activity to multiple school environments. • The therapist facilitates student contact with resources outside the classroom. ----- • <i>The therapist collaborates with the IEP team and beyond to obtain grant resources.</i> • <i>The therapist helps connect families with local agencies (e.g., medical vendors, post-secondary programs, outside therapy providers).</i> • <i>The therapist has extensive knowledge of pediatric adaptive equipment and works closely with local vendors and clinics.</i>
<p>Structure and pace of therapy session facilitates learning</p> <p>-----</p> <p>Keeping things moving, within a well-defined structure is one of the marks of an experienced therapist. Since much of student learning results from their reflection on what they have done, a well-designed therapy session includes time for reflection and closure.</p>	<ul style="list-style-type: none"> • Student participation with activity is minimal. • The pacing of the therapy session drags or is rushed. ----- • <i>The student is moved through the activity rather than facilitated to be more independent.</i> • <i>The therapist talks more than the student moves.</i> • <i>The student does not complete one part of the activity before the therapist moves on to another activity.</i> 	<ul style="list-style-type: none"> • Student participation with activity is evident, but lacks enthusiasm. • The pacing of the therapy session is uneven—suitable in parts but rushed or dragging in others. ----- • <i>There is a recognizable beginning, middle and end to the therapeutic activity.</i> • <i>The therapist spends more time verbalizing than the student spends in the activity.</i> 	<ul style="list-style-type: none"> • The student is actively involved in the session. • The pacing of the activity provides the student time needed to be physically and cognitively engaged. ----- • <i>The student sees the therapist and begins to gather needed materials.</i> • <i>The activity is neither rushed nor does it drag.</i> • <i>The student moves through an activity without long pauses or redirection.</i> 	<ul style="list-style-type: none"> • The student is actively involved in the session and generalizes learned skills during therapy sessions to other environments. ----- • <i>The student demonstrates appropriate initiation of routine (e.g., has needed materials, parks wheelchair and applies brakes, meets therapist in a prearranged area).</i>

Domain 3 ♦ Therapy Intervention

Component 3c: Communicating with Students

Therapists communicate to students that teaching and learning are purposeful activities and they clearly reinforce this to students. They also provide clear directions for therapy activities so that students know what to do. When therapists present activities or tasks, they present with accuracy and clarity using verbal language, visual symbols, modeling, and expression. The information therapists convey is accurate and reflects well thought out sequences of the motor, perceptual or sensory activities. Therapists present activities in ways that provide scaffolding in a developmentally appropriate manner.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Provides appropriate feedback to students ----- Occasionally during a lesson, an unexpected event will occur that presents a true teachable moment. A skilled therapist is able to capitalize on such opportunities. The therapist is also able to offer valuable feedback that is timely, constructive, developmentally appropriate, and provides the student with guidance they need to improve their performance.	<ul style="list-style-type: none"> • The therapist brushes aside student questions. • The therapist conveys to students that when they have difficulty learning, it is their fault. • The student receives contradictory feedback from the therapist or no feedback at all. • The therapist does not ask the student to review their effort or to identify needed practice areas. ----- <ul style="list-style-type: none"> • <i>The therapist says, "If you'd just try harder, you could do this."</i> • <i>When a student asks the therapist to start over or try again, the therapist says, "No, keep going" without explanation.</i> • <i>A student asks questions that are not answered.</i> 	<ul style="list-style-type: none"> • The therapist conveys to the student a level of responsibility for the activity, but does not give clear guidelines to student and/or staff on how to increase student participation in the activity. • Feedback to students is vague and not oriented toward future improvement of the activity. ----- <ul style="list-style-type: none"> • <i>The therapist says, "I'll try to think of another way to come at this and get back to you."</i> • <i>The therapist corrects student movement or changes activity without explaining why.</i> • <i>The therapist gives general feedback, such as, "Good effort" without identifying which part of the activity could be improved.</i> 	<ul style="list-style-type: none"> • Feedback and facilitation includes specific and timely guidance. Feedback is provided in a way that the student understands; through sensory/tactile channels, through visual signs and symbols and/or through verbal feedback. • Students are invited to assess the activity, contributing to determining what is helpful to them in reaching the IEP goal. ----- <ul style="list-style-type: none"> • <i>The therapist says, "That's an interesting idea; let's see if we can incorporate that."</i> • <i>The therapist says, "This seems to be more difficult for you than I expected; let's try this way," and then uses another approach that best fits the student's needs.</i> 	<ul style="list-style-type: none"> • The student monitors activity based on checklist or visual schedule provided by the therapist. • High-quality feedback comes from many sources including classroom paraprofessionals; it is specific and focused on student improvement. ----- <ul style="list-style-type: none"> • <i>The therapist stops an activity midstream and says, "This activity doesn't seem to be working. Let's try another way."</i> • <i>The therapist says, "If we have to come back to this tomorrow, we will, it's really important that you get it."</i> • <i>The therapist provides feedback in the form of open-ended questions in a timely manner (e.g., "What do you do next" or "How could you do that differently?").</i>
Explanation of content ----- Skilled therapists, when explaining concepts and strategies to students, use precise language	<ul style="list-style-type: none"> • The therapist does not respond to student body language or ask questions to check for understanding. • The therapist does not solicit feedback from student or staff. • The therapist miscommunicates 	<ul style="list-style-type: none"> • The therapist does not consistently check student or staff body language or ask questions to check for understanding. • The therapist's communications are correct, but they do not 	<ul style="list-style-type: none"> • The therapist engages the student in the therapeutic activity. • The therapist demonstrates to staff and/or student appropriate intervention techniques. -----	<ul style="list-style-type: none"> • The student is engaged and actively participating with the therapeutic activity. • The therapist and student describe and properly demonstrate the intervention to a variety of staff across a

<p>with clear steps for the activity, connecting explanations to students' school and home environments. The explanations provide appropriate scaffolding and rectify possible student and/or staff misunderstanding. The therapist invites students to be engaged cognitively and motorically.</p>	<p>expectations that affect student's reaction to facilitation techniques.</p> <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist ignores the student's questions.</i> • <i>The therapist asks a student to move, while simultaneously indicating that the student sit still.</i> • <i>The therapist ignores student's facial expressions indicating confusion.</i> 	<p>solicit feedback from student or staff.</p> <ul style="list-style-type: none"> • The therapist sometimes miscommunicates expectations that affect student's reaction to facilitation techniques. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist gives student multiple verbal directions when student is only capable of following one direction at a time.</i> • <i>The therapist does not fully answer student and/or staff questions.</i> 	<ul style="list-style-type: none"> • <i>The therapist says, "Any questions?" or "What else could we do to work on this?"</i> • <i>The therapist says, "Watch me" or "Try it like this," while demonstrating activity.</i> 	<p>number of situations.</p> <ul style="list-style-type: none"> • The therapist models strategies and generalizes strategies to multiple environments. • The therapist's directions and procedures are clear to student and staff. Therapist uses modeling, visuals and prompts to maximize understanding. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist practices one-on-one with the student in the classroom.</i> • <i>The therapist incorporates the intervention during classroom activities, and staff is asked to conduct the intervention while the therapist provides the feedback to staff and student.</i> • <i>The therapist leaves a written protocol in the classroom for staff to follow.</i>
<p>Use of oral and written language</p> <p>-----</p> <p>Therapists express expectations to classroom staff as well as students, inviting comments and questions. Written directions for activities supplement oral discussions, providing succinct and precise steps to follow during carryover of therapeutic activities.</p>	<ul style="list-style-type: none"> • The therapist's vocabulary is inappropriate for the student's age, intellectual cognition or culture. • The therapist's communications include errors of vocabulary or usage of imprecise or confusing information. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist uses technical language with staff or student without explanation.</i> 	<ul style="list-style-type: none"> • The therapist's vocabulary is sometimes inappropriate to the student's age, intellectual cognition or culture. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist occasionally uses technical terms that staff and/or student cannot understand.</i> 	<ul style="list-style-type: none"> • The therapist's vocabulary and usage are correct including appropriate explanations of medical or therapeutic vocabulary. • The therapist's vocabulary is appropriate to student's age, intellectual cognition or culture. <p>-----</p> <ul style="list-style-type: none"> • <i>The student is paying attention, making eye contact, talking with therapist (when appropriate), and following directions.</i> 	<ul style="list-style-type: none"> • The therapist communicates clearly about the how and why of the intervention including appropriate use of terms for the audience (e.g., staff, family, student, administrator, medical personnel). <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist matches vernacular to the audience, as appropriate.</i> • <i>The student is task directed with prompts or facilitation from therapist.</i>

Domain 3 ♦ Therapy Intervention

Component 3d: Functioning as a Consultant

Consultation is a key component of providing effective educationally-based therapy. It is a process of providing therapy services to enhance student performance primarily by working with classroom teachers, families and other team members. Consultation requires a collaboration that occurs via therapy integrated into classroom routines and school activities and monitoring to determine ongoing efficacy of a therapist-implemented program while continuing interaction with teachers. It is an indirect model of working through another person to help the student function in the school environment. Consultation expands the impact of direct service so that students receive the added benefits of physical and occupational therapists' recommendations throughout the school day. By understanding teacher responsibilities, the consulting therapist can plan interventions to help them enhance student skills and behavior. Other benefits of consultation include supporting inclusion in the least restrictive environment by integrating specialized approaches and interventions during regular school activities and in typical environments; assisting staff members developing their knowledge and skills with interventions; and sharing information and resources with team members who have different, but equally important, experiences and knowledge.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
<p>Understands the role of consultation in the school system</p> <p>-----</p> <p>The therapist demonstrates understanding of the role of consultation by assisting with IEP planning decisions, developing collaborative plans and evaluating desired outcomes.</p> <p>-----</p> <p><i>The therapist does not attempt to tailor interaction styles or methods to translate expertise to different team members.</i></p>	<ul style="list-style-type: none"> • The therapist does not know his or her role or expectations as a consultant. • The therapist does not ask what team members want to learn or achieve through consultation during the IEP meeting. • The therapist believes consultation is less time intensive than direct therapy and uses it as a way to increase their case load size or case load shortage. • The therapist believes consultation can substitute as direct intervention. <p>-----</p>	<ul style="list-style-type: none"> • The therapist has a vague idea of his or her role as a consultant and has difficulty choosing intervention strategies, methods to translate expertise and interaction style best suited for team members. • The therapist waits for staff to request informational or training needs at the IEP team meeting. • The therapist believes consultation is less time intensive than direct therapy. • The therapist knows consultation does not substitute for direct intervention, but is not sure of the roles for each. <p>-----</p> <p><i>The therapist is not able to distinguish between interaction styles or methods to translate expertise to determine the best suited for team members.</i></p>	<ul style="list-style-type: none"> • The therapist identifies his or her role as a consultant and chooses intervention strategies, methods to translate expertise and interaction style best suited for team members. • The therapist asks team members what they are hoping to achieve through consultation at the IEP meeting. • The therapist understands that effective consultation can take as much time as direct service. • The therapist understands that consultation does not substitute for direct intervention. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist uses several different interaction styles that best suits each team member.</i> • <i>The therapist uses several different methods to translate expertise that best suits each team member's learning styles.</i> 	<ul style="list-style-type: none"> • The therapist understands his or her role as a consultant and through extensive experience knows how to best work with team members. • The therapist takes time with IEP members to discuss what they want to learn through consultation. • The therapist understands effective consultation takes as much time as direct service. • The therapist works with administration to understand the necessity of including time for caseload planning. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist distinguishes between interaction styles that best suits each team member (e.g., telling, teaching/advising, encouraging/supporting).</i> • <i>The therapist chooses multiple methods to translate expertise that best suits each team member's learning styles (e.g.,</i>

				<i>modeling, direct instruction, encouragements, print or video resources).</i>
<p>Analyzes student abilities and performance in the school environment</p> <p>-----</p> <p>The therapist looks at how a student's basic sensory, motor and perceptual skills, and adaptive behavior provide a foundation for or impede learning and interfere with academic tasks.</p>	<ul style="list-style-type: none"> • The therapist does not properly assess the student's performance in school. • The therapist identifies few to no student strengths, functional problems, but does not connect to educational outcomes. • The therapist does not understand how intervention will improve a student's academic and other areas of performance. • The therapist does not properly communicate impressions with the team. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist uses one evaluation tool for every student.</i> 	<ul style="list-style-type: none"> • The therapist performs a basic assessment and describes a student's performance using formal test results only. • The therapist identifies some student strengths, functional problems, but does not connect to educational outcomes. • The therapist has basic understanding of how the intervention will improve a student's academic and other areas of performance. • The therapist communicates with occasional insensitivities and use of medical excessive jargon. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist evaluates students with formal tests, but does not observe how the results impact learning.</i> • <i>The therapist uses medical abbreviations and jargon in the evaluation/IEP paperwork.</i> 	<ul style="list-style-type: none"> • The therapist fully assesses and describes student performance in the school using observation and formal tests results. • The therapist identifies student strengths, functional problems and educational outcomes. • The therapist has a thorough understanding of how intervention will improve a student's academic and other areas of performance. • The therapist communicates verbally and through written reports, in a sensitive manner and uses jargon-free language that all team members can understand. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist identifies student participation deficits through observations and functional assessments and chooses appropriate tests to identify the underlying issue causing decreased participation.</i> 	<ul style="list-style-type: none"> • The therapist expertly assesses and describes student performance in specific areas of the school using observation in natural environments, and formal test results. • The therapist demonstrates extensive knowledge and skill in identifying student strengths, functional problems and educational outcomes. • The therapist has extensive understanding of how intervention will improve a student's academic and other areas of performance. • The therapist communicates, both verbally and with written reports, in a highly sensitive manner and uses jargon-free language that all team members can understand. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist effectively shares with staff who interact with the student, participation deficits and the underlying issues causing such deficits.</i>
<p>Assesses the school environment</p> <p>-----</p> <p>The therapist observes the environment where the target behavior occurs and determines the supports that will facilitate learning and the barriers that interfere with or impede learning.</p>	<ul style="list-style-type: none"> • The therapist does not observe the student. • The therapist does not analyze the student's performance in the school environment. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist uses reports from teachers and other professionals to evaluate the student, but does not do direct observations.</i> 	<ul style="list-style-type: none"> • The therapist observes the student in the therapy room only. • The therapist analyzes some elements of the student's school environment and, in some cases, imposes personal bias on observations. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist completes the student evaluation entirely in the therapy room.</i> 	<ul style="list-style-type: none"> • The therapist observes the student in the natural environment, but not in a natural context (e.g., during a time when the rest of the class is out of the room). • The therapist analyzes all elements of the student's school environment, but the assessment could be better structured. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist evaluates the</i> 	<ul style="list-style-type: none"> • The therapist observes how the student interacts in the environment within a naturally occurring context. • The therapist analyzes all elements of the student's school environment and keeps observations neutral, systematic, and structured. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist evaluates student mobility during actual school day</i>

			<i>student's recess participation when the playground is empty.</i>	<i>transition.</i>
<p>Creates an effective plan for consultation -----</p> <p>The therapist creates an effective plan for consultation that addresses all aspects of successful collaboration.</p>	<ul style="list-style-type: none"> • The therapist does not develop a plan for consultation. ----- • <i>The therapist does not determine staff training needs or delegate tasks to staff.</i> • <i>The therapist does not keep any records of consultation.</i> 	<ul style="list-style-type: none"> • The therapist develops a basic plan for consulting with team members. • The intervention strategies are chosen by the therapist before the student's educational needs are determined. • The therapist makes minimal recommendations for intervention, and creates a vague plan for how and when he or she will follow-up with the team. ----- • <i>The therapist does not determine staff training needs and delegates tasks that are inappropriate for the staff's experience and knowledge.</i> • <i>The therapist keeps minimal records of consultation and staff training needs, possibly risking student safety.</i> 	<ul style="list-style-type: none"> • The therapist determines where and when he or she will observe, assess and work with student, as well as where and when he or she will meet with team members. • The intervention strategies are chosen after the student's educational needs are determined and include important aspects related to the student's goals. • The therapist makes recommendations for intervention, and determines how and when he or she will follow-up with the team. ----- • <i>The therapist accurately determines staff training needs based on student level of function and delegates tasks to staff based on their experience and knowledge.</i> • <i>The therapist keeps documented records of consultation and training of staff to ensure safety for students.</i> 	<ul style="list-style-type: none"> • The therapist makes a comprehensive plan and determines where and when he or she will observe, assess, and work with student, as well as where and when he or she will meet with team members. The times are optimal for all parties involved. • The intervention strategies are highly coherent and chosen after the student's educational needs are determined. • The therapist makes comprehensive recommendations for intervention, and determines how and when he or she will follow-up with the team. ----- • <i>The therapist expertly determines staff training needs based on student level of function and delegates only tasks that are appropriate for the staff's experience and knowledge.</i> • <i>The therapist keeps well-documented records of consultation and training of staff to ensure safety for students.</i>
<p>Provides educationally relevant consultation -----</p> <p>The therapist provides educationally relevant consultation via integrated therapy or programming through naturally occurring opportunities.</p>	<ul style="list-style-type: none"> • The therapist does not make any recommendations to staff. • The therapist makes recommendations at inappropriate times. ----- • <i>The therapist uses the teacher to conduct therapy activities that should be conducted by the therapist.</i> 	<ul style="list-style-type: none"> • The therapist makes recommendations to the teacher, but are not appropriate for the teacher's role. • The therapist does not consistently check-in with staff after initial recommendations are made. ----- • <i>The therapist provides teachers</i> 	<ul style="list-style-type: none"> • The therapist makes recommendations that fit the teacher's role and function. • The therapist considers advancing academic demands over the academic year. • The therapist assists teachers with modifying instruction, recommending teaching strategies and implementing appropriate activities so students 	<ul style="list-style-type: none"> • The therapist assists teachers with modifying instruction, recommending teaching strategies and implementing appropriate activities so students acquire the necessary skills and behaviors. • The therapist modifies or adapts the school environment using adaptive equipment and materials, training staff and

	<ul style="list-style-type: none"> • <i>The therapist fails to explain to the teacher the relationship between medical impairments and recommended adaptations.</i> • <i>The therapist sets up a therapy area in the classroom and brings in balls and mats to work individually with each student.</i> • <i>The therapist is frequently unavailable and does not respond to requests for training or technical assistance.</i> 	<p><i>with activities to implement that are not educationally relevant.</i></p> <ul style="list-style-type: none"> • <i>The therapist provides a strengthening program for a student to use during an academic time.</i> • <i>The therapist provides staff with limited times available for questions and planning.</i> 	<p>acquire the necessary skills and behaviors.</p> <ul style="list-style-type: none"> • The therapist modifies or adapts the school environment, using adaptive equipment and materials, training staff, and setting up classroom programs for other staff to implement. • The therapist uses language that teachers and family members can easily understand in all interactions. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist first teaches and then recommends carryover of a sensory break activity prior to transition times in the classroom.</i> • <i>The therapist seeks out staff to consult about student progress.</i> • <i>The therapist embeds intervention into classroom routines and activities.</i> 	<p>setting up classroom programs for other staff to implement.</p> <ul style="list-style-type: none"> • The therapist provides consultation to other team members by clarifying roles and expectations and fostering dynamic interactions, respectful relationships and collaborative efforts to reach common ground. • The therapist uses language that teachers and family members can easily understand in all interactions. • The therapist works as an equal, not an authority, participates in school routines, incorporates principles of adult learning, and asks for feedback and suggestions for improvement. <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist explains the relationship between medical impairments and recommended adaptations to the classroom teacher so the teacher is more motivated to help carry out the instruction.</i> • <i>The therapist assists educators with modifying instruction and implementing appropriate activities that are educationally relevant.</i> • <i>The therapist is easily reachable and responsive to requests to provide technical assistance to other school team members, community agencies, and medical providers.</i>
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Domain 4 ♦ Professional Responsibilities

Component 4a: Reflecting on Therapy

Reflecting on therapy is part of the therapist's professional practice and positively changes the planning of and the implementation of future therapy interventions. By considering the impact on student learning, therapists determine where to focus their efforts in making revisions and choosing which aspects of the therapy they will continue in future therapeutic interventions. Therapists may reflect on their practice through collegial conversations, examining student function, conversations with students and staff who work with them, or simply thinking about the impact of their therapeutic intervention. Reflecting with accuracy and specificity, and using what has been learned for future therapy, is an acquired skill. Through supportive and deep questioning, mentors, coaches and supervisors may help guide therapists to acquire and develop the skill and habit of reflecting on practice. Overtime, this way of thinking both reflectively and self-critically with analysis through the lens of student progress and performance—whether excellent, adequate or inadequate—becomes a habit of mind, leading to improvement in therapy and learning.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Accuracy in professional self-reflection ----- As therapists gain experience, their reflections on practice become more accurate. Not only are the reflections accurate, but therapists provide specific examples of how their interactions and clinical decision-making affects the success of the therapy session.	<ul style="list-style-type: none"> Therapist does not reflect on practice, or the reflections are subjective or inaccurate. ----- <i>Despite evidence to the contrary, the therapist says, "My student did great in therapy!"</i> <i>The therapist says, "That was awful; I wish I knew what to do!"</i> <i>The therapist says, "I just thought this was a fun activity" (but not related to IEP goals).</i> 	<ul style="list-style-type: none"> The therapist's reflection on practice is fairly accurate and objective, but there are few examples and recommendations. The therapist has a general sense of whether or not therapeutic practices were effective. The therapist offers general modifications for future therapy. ----- <i>At the end of the therapeutic session, the therapist says, "I guess that went okay."</i> <i>The therapist says, "I guess I'll try . . . next time."</i> 	<ul style="list-style-type: none"> The therapist's reflection provides an accurate and objective description of practice, citing specific positive and negative characteristics. The therapist makes some recommendations on how the therapy program might be improved. The therapist identifies specific ways in which a therapeutic activity might be improved. ----- <i>The therapist chooses an appropriate activity based on the student's impairment, but is unable to explain how that will improve their function in the school environment.</i> 	<ul style="list-style-type: none"> The therapist's reflection is highly accurate and perceptive, citing specific examples that were not fully successful for some students. The therapist draws on an extensive repertoire of alternative strategies. The therapist cites others in the school and beyond whom they have contacted for assistance in reaching the student. ----- <i>The therapist explains how activities are rooted in evidence based practice and multiple ways to meet the IEP goals are clearly explained.</i> <i>Through ongoing staff consultation and coaching, the therapist considers strategies for engaging students in therapy sessions that improve functional carry-over into other educational settings.</i>
Reflecting on student learning -----	<ul style="list-style-type: none"> The therapist considers the therapeutic activity, but draws incorrect conclusions about its effectiveness. 	<ul style="list-style-type: none"> In reflecting on practice, the therapist indicates the desire to reach a higher student level of achievement, but does not 	<ul style="list-style-type: none"> The therapist accurately assesses the effectiveness of therapeutic activities used. In reflecting on practice, the 	<ul style="list-style-type: none"> The therapist's assessment of the therapeutic activity is thoughtful and includes specific indicators of effectiveness.

<p>A therapist's skill in eliciting evidence of student progress toward the IEP goal is one of the true marks of expertise. This is not a hit-or-miss effort, but is planned carefully in advance. Even after planning carefully, a therapist must weave monitoring of student learning seamlessly into the activity, using a variety of techniques. As their experience and expertise increases, therapists draw on an ever-increasing repertoire of strategies to inform these adjustments.</p>	<ul style="list-style-type: none"> • The therapist makes no suggestions for improvement. ----- • <i>The therapist says "The student is not capable of that," "No amount of therapy will help" or other dismissive comments that are not supported by evidence.</i> 	<p>suggest strategies for doing so.</p> <ul style="list-style-type: none"> • The therapist makes modest changes in the treatment plan or program when confronted with evidence of the need for change. ----- • <i>The therapist does not consider other factors that might impact student's performance.</i> • <i>The therapist does not consistently gather information from a variety of staff to determine student growth across settings.</i> 	<p>therapist cites multiple approaches undertaken to reach students having difficulty. -----</p> <ul style="list-style-type: none"> • <i>The therapist says, "I wasn't pleased with the level of engagement of the student" and has specific ideas of how to improve the session.</i> • <i>The therapist gathers information from a variety of staff, including paraprofessionals, the classroom teacher, the special education teacher, and other specialists to determine student growth across settings.</i> 	<ul style="list-style-type: none"> • The therapist provides classroom staff as well as student with suggestions for prompts, visuals and verbal feedback. ----- • <i>The student and/or staff evaluate an activity based on a checklist, visual schedule, picture instruction book or auditory "self-talk."</i> • <i>The therapist explains ways to perform an activity successfully in other environments and community.</i>
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Domain 4 ♦ Professional Responsibilities

Component 4b: Maintaining Accurate Records

An essential responsibility of therapists is keeping accurate records in compliance with the Wisconsin Department of Public Instruction and state licensing guidelines. These records include completion of evaluations, parent communication, IEP paperwork, student progress, and medical assistance billing. Proficiency is vital because these records document interactions with students and parents, and allow therapists to monitor performance and adjust therapy accordingly. The methods of keeping records need to meet state and district requirements. For example, therapists must complete IEP records electronically using district provided tools. A less formal means of keeping track of student progress may include anecdotal notes kept in student folders, daily logs and other means of tracking.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Therapist documentation of IEP and 504 services ----- Therapists keep track of completion of therapeutic interventions, including whether the interventions were actually completed, but also students' success in completing them. Documentation includes: IEPs, Daily Notes, Discharge Notes, Treatment Plans, and Evaluation Reports.	<ul style="list-style-type: none"> Record-keeping systems are in disarray and provide incorrect or confusing information. ----- <i>Evaluation and discharge notes are not completed.</i> <i>Therapist does not collect all important information on which to base treatment plans; reports are inaccurate or not appropriate to the audience.</i> 	<ul style="list-style-type: none"> The therapist has a process for recording student evaluation, therapy records and progress; however, it may be out of date or only partially effective. ----- <i>Evaluations, progress notes and discharge reports are incomplete and/or not always completed within time parameters.</i> <i>Therapist collects most of the important information on which to base treatment plans; reports are accurate but lacking in clarity and not always appropriate for the audience.</i> 	<ul style="list-style-type: none"> The therapist's process for recording student evaluation, therapy records and student progress is efficient and effective. The therapist documents all parts of the session, including location, goal of the session, activities completed, and assessment of student performance and progress toward goals. ----- <i>Therapy documentation including evaluation reports and IEPs are completed in a timely manner.</i> <i>Therapist collects all the important information on which to base treatment plans; reports are accurate and appropriate to the audience.</i> 	<ul style="list-style-type: none"> The therapist seeks input from team members when completing evaluations and collaborates with the team when developing IEPs. The therapist consistently documents all parts of the session, including location, goal of the session, activities completed, and assessment of student performance and progress toward goals. ----- <i>All therapy documentation is completed within district and department timelines. Documents are exemplary and clearly explain therapy terms for families and staff.</i> <i>Therapist is proactive in collecting important information, interviewing teachers and parents if necessary; reports are accurate and clearly written and are tailored for the audience.</i>
Student progress toward functional goals ----- In order to plan therapeutic	<ul style="list-style-type: none"> There is no system for documenting student evaluation and progress, and/or reports are not completed. ----- <i>The therapist does not review</i> 	<ul style="list-style-type: none"> The therapist's process for tracking student progress is incomplete and/or inaccurate. ----- <i>The therapist reviews progress notes, but does not always</i> 	<ul style="list-style-type: none"> The therapist has an efficient and effective process for recording student attainment of therapeutic learning goals. ----- <i>Therapy documentation including</i> 	<ul style="list-style-type: none"> The therapist shares materials and trains others to improve therapy record keeping and progress monitoring. ----- <i>The therapist leads a staff</i>

<p>interventions, therapists need to know each student's functional status. This information may be collected formally or informally but must be updated frequently.</p>	<p><i>and/or add input into progress notes, IEPs and evaluation reports.</i></p> <ul style="list-style-type: none"> • <i>Therapist's data collection system is either nonexistent or in disarray; it cannot be used to monitor student progress or to adjust therapy.</i> 	<p><i>include appropriate level of functioning.</i></p> <ul style="list-style-type: none"> • <i>Therapist has developed a basic data collection system for monitoring student progress and occasionally uses it to adjust therapy.</i> 	<p><i>progress notes and discharge notes are completed in a timely manner.</i></p> <ul style="list-style-type: none"> • <i>Therapist has developed an effective data collection system for monitoring student progress and uses it to adjust therapy.</i> 	<p><i>development on proper documentation and record keeping.</i></p> <ul style="list-style-type: none"> • <i>Therapist has developed a highly effective data collection system for monitoring student progress and uses it to adjust therapy. Therapist uses the system to communicate with parents and staff.</i>
<p>Non-instructional records ----- Non-instructional records encompass all details of school life for which records must be maintained, particularly if they involve money. The primary example of this is billing MA for school based therapy services.</p>	<ul style="list-style-type: none"> • There is no system for documenting therapy session dates and times. ----- • <i>Medical assistance billing is not completed.</i> 	<ul style="list-style-type: none"> • There is a system for documenting therapy session dates and times in place, but it is incomplete and/or inaccurate. ----- • <i>Medical assistance billing is completed but not within the time guidelines established by the department/district.</i> 	<ul style="list-style-type: none"> • The system for documenting therapy session dates and times is complete and accurate. ----- • <i>Medicaid billing is done accurately and timely.</i> 	<ul style="list-style-type: none"> • All record-keeping systems are highly effective, efficient, organized, and accessible to those who need to access them. ----- • <i>The therapist is a resource for improving the billing system and trains others to improve efficiency.</i>

Domain 4 ♦ Professional Responsibilities

Component 4c: Communicating with Families, Staff and Community Partners

The capacity of families to participate in their child's learning varies widely due to home or job obligations. Nonetheless, it is the responsibility of the therapist to provide opportunities for families to help them understand both the therapy program and their child's progress. Therapists establish relationships with families, staff and community partners by communicating to them about the therapy program, conferring with them about individual students and inviting them to be part of the educational process. The level of family participation and involvement tends to be greater at the elementary levels, when young children are just beginning school. However, the importance of regular communication with families of adolescents cannot be overstated and dismissed. A therapist's effort to communicate with families, staff and community partners conveys the therapist's essential caring and valued by families of students of all ages.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Provides information about individual student progress ----- The therapist provides information to families, staff and/or community providers about students' individual progress.	<ul style="list-style-type: none"> • The therapist fails to communicate with families and to secure necessary permissions. • Families, staff and/or community providers are unaware of the child's progress. • The therapist does not respond, or responds insensitively without regard to the family's culture. ----- <ul style="list-style-type: none"> • <i>A parent says, "I wonder why the therapist never returns my phone calls or e-mails."</i> 	<ul style="list-style-type: none"> • The therapist's communication with families is partially successful. Permissions are obtained, but not always with a level of sensitivity toward the family culture. • The therapist shares infrequent or incomplete information about therapy with families, staff and/or community providers. ----- <ul style="list-style-type: none"> • <i>A parent or staff says, "I emailed the therapist about the child's struggles with ____ (motor related difficulty), but all I got back was a note saying that he's doing fine."</i> 	<ul style="list-style-type: none"> • The therapist communicates with families and obtains the necessary permissions, doing so in a manner sensitive to family culture. • The therapist completes student progress reports in collaboration with special education teachers. ----- <ul style="list-style-type: none"> • <i>The therapist's comments during IEP team meetings are related to student's IEP goals and progress.</i> 	<ul style="list-style-type: none"> • The therapist obtains necessary permissions and communicates with families in a highly sensitive manner. Therapist reaches out to families to secure trust. • The therapist responds to any concerns or questions from families in a professional and timely manner. ----- <ul style="list-style-type: none"> • <i>The therapist's information on school therapy, student's IEP goals and progress at all meetings is appropriate for the family and staff understanding.</i>
Engagement of families, staff and community partners in the instructional program ----- The therapist offers engagement opportunities to families/staff/community partners so that they	<ul style="list-style-type: none"> • Families/staff/community partner engagement activities are lacking. • There is some culturally inappropriate communication. • Little or no information regarding therapy is available to or shared with families/staff/community partners ----- <ul style="list-style-type: none"> • <i>A parent or staff member asks what the child is working on in</i> 	<ul style="list-style-type: none"> • Some of the therapist's communications are inappropriate to families' culture. • Department or district created materials about therapy are sent home; but not followed up with a personal contact. ----- <ul style="list-style-type: none"> • <i>A parent says, "I received the district pamphlet on school related therapy, but I wonder how it's being done with my</i> 	<ul style="list-style-type: none"> • The therapist assists staff to develop communication with families/staff/community partners to engage families successfully and appropriately in their child's therapy. • Most of the therapist's communications are appropriate to family cultural norms. • The therapist regularly provides information regarding the therapy program available to 	<ul style="list-style-type: none"> • All of the therapist's communications are highly sensitive to family cultural norms. • The therapist provides information about school therapy and collaborates effectively with parents during all meetings. ----- <ul style="list-style-type: none"> • <i>Staff say "This therapist really listens to my concerns and makes me feel comfortable</i>

<p>can participate in the therapeutic activities. The therapist is culturally sensitive when instructing families/staff/community partners in therapeutic activities using multiple means of representation to increase carryover and outcomes within the learning environments.</p>	<p><i>therapy, but the therapist does not respond.</i></p> <ul style="list-style-type: none"> • <i>Staff member who is familiar to the student says, "I didn't know that student gets therapy."</i> 	<p><i>child."</i></p> <ul style="list-style-type: none"> • <i>The therapist's comments during IEP meetings are appropriate but do not explain therapy's role in the student's program especially if time permits at meetings and/or families have additional concerns about school based therapies.</i> 	<p>families/staff/community partners.</p> <p>-----</p> <ul style="list-style-type: none"> • <i>The therapist responds to questions from families/staff/community partners within district guidelines.</i> • <i>Staff say "I can usually understand what the therapist wants me to carryover in the classroom."</i> 	<p><i>asking my questions."</i></p> <ul style="list-style-type: none"> • <i>The therapist uses multiple ways to improve communication with families/staff/community partners through use of email, face to face meetings, videos, pictures, to maximize families/staff/community partners understanding of therapeutic activities.</i> • <i>Staff say, "This therapist is so easy to understand and makes it easy for me to carry through with therapeutic activities for maximum student learning and carryover."</i> • <i>The therapist seeks out opportunities to collaborate with families/staff/community partners on a regular basis.</i>
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Domain 4 ♦ Professional Responsibilities

Component 4d: Participating in the Professional Community

Schools and community partners are the professional organizations for therapists to realize their full potential only when therapists regard themselves as members of each professional community. Each community is characterized by mutual support and respect, as well as by recognition of the responsibility of all therapists to consistently see ways to improve their practice and to contribute to the life of the school or community site. Inevitably, the therapist's duties extend beyond the doors of the classroom activities to the entire school, district and/or community partners. With experience, we anticipate therapists will assume leadership roles.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Maintains professional relationships with colleagues ----- Therapists maintain professional collegial relationships that encourage sharing, planning and working together toward improved instructional skill and student success. The therapist actively pursue networks that provide collegial support and feedback.	<ul style="list-style-type: none"> • The therapist's relationships with colleagues are characterized by negativity, combativeness or are self-serving. • The therapist purposefully resists discussing performance with supervisors or colleagues. • <i>The therapist is not able to answer the evaluator's questions or provide explanations of therapeutic activities.</i> • <i>The therapist resists feedback on therapy performance from either supervisors or more experienced colleagues.</i> • <i>The therapist makes no effort to share knowledge with others or to assume professional responsibilities.</i> • <i>The therapist does not always participate in team meetings.</i> 	<ul style="list-style-type: none"> • The therapist has cordial relationships with colleagues. • The therapist sometimes is reluctant to accept feedback from supervisors and colleagues. • <i>The therapist listens to the evaluator's feedback after a therapy session, but isn't sure the recommendations really apply in his/her situation.</i> • <i>The therapist is polite, but seldom shares any therapy ideas or materials with colleagues.</i> 	<ul style="list-style-type: none"> • The therapist has supportive, positive and cooperative relationships with colleagues. • The therapist welcomes colleagues and supervisors to watch therapy sessions for the purpose of gaining insight from the feedback. • <i>The therapist invites colleagues and supervisor visits because they may lead to valuable discussion.</i> • <i>The therapist participates in departmental and school meetings and shares professional practice information with colleagues.</i> • <i>The therapist willingly shares therapy ideas and techniques with colleagues from conferences or research.</i> 	<ul style="list-style-type: none"> • The therapist's relationships with colleagues are characterized by mutual support and collaboration, with the therapist taking initiative in assuming leadership among the faculty. • The therapist actively seeks feedback from supervisors and colleagues and uses this information to improve. • <i>The therapist takes an active leadership role in departmental and school meetings, and continually researches evidence-based therapy research studies and shares them with colleagues.</i> • <i>The therapist frequently collaborates regarding therapy techniques, and colleagues seek out ongoing assistance for therapy techniques/activities.</i>
Involvement in a culture of professional inquiry ----- Therapists contribute to and participate in a learning community that supports and respects	<ul style="list-style-type: none"> • The therapist does not participate in department, school, district and/or community projects. • <i>The therapist says, "I won't serve on any department or district committees unless they</i> 	<ul style="list-style-type: none"> • The therapist participates in department, school, district, or community projects, but only when asked. • <i>The therapist attends team meetings only when reminded by their supervisor.</i> 	<ul style="list-style-type: none"> • The therapist regularly participates in activities related to professional inquiry, as well as school and district events. • The therapist frequently volunteers to participate in department, school, district, or community projects. 	<ul style="list-style-type: none"> • The therapist takes a leadership role in promoting activities related to professional inquiry. • The therapist makes a significant contribution to and leads events that positively impact department, school, district and/or community projects.

its members' efforts to improve practice. Therapists' practice move beyond classroom duties to include departmental involvement and support for school initiatives, and support for community projects.	<i>reimburse me."</i>	<ul style="list-style-type: none"> • <i>Other therapists say, "I wish I didn't have to ask this therapist to 'volunteer' every time we need someone to help."</i> 	<p>-----</p> <ul style="list-style-type: none"> • <i>The therapist attends continuing education courses and informally shares what they learned with colleagues.</i> • <i>The therapist volunteers to participate in department, school and district projects, making a contribution.</i> 	<p>-----</p> <ul style="list-style-type: none"> • <i>The therapist presents to other professionals or community members to increase knowledge of a therapy related topic.</i> • <i>The therapist volunteers to participate in department, school and district projects, and leads many aspects of this project.</i>
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Domain 4 ♦ Professional Responsibilities

Component 4e: Growing and Developing Professionally

As in other professions, the complexity of therapy requires continued growth and development in order for therapists to remain current. Continuing to stay informed and improving their skills allows therapists to become more effective and to exercise leadership among their colleagues. The academic disciplines evolve, and therapists consistently refine their understanding of how to engage students in motor and sensory learning; thus, growth in therapeutic skills, application of therapeutic skills in school environments and information technology are essential to good therapy. Networking with colleagues through such activities as joint planning, study groups and evidenced-based study provides opportunities for therapists to learn from one another. These activities allow for job-embedded professional development. In addition, professional therapists increase their effectiveness in therapy by belonging to professional organizations, reading professional journals, attending educational conferences, and taking university classes. As they gain experience and expertise, therapists find ways to contribute to their colleagues and to the profession.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Enhancement of content knowledge and skill ----- Therapists remain current by taking courses, reading professional literature, and up-to-date on the evolution of thinking regarding therapy. The therapist seeks out resources that further professional knowledge on the theory of intervention.	<ul style="list-style-type: none"> • The therapist is not involved in activity that enhances knowledge or skills. • The therapist does not seek out resources that expand their skills. ----- • <i>The occupational therapist is not sure how to foster handwriting skills and does not realize that they should learn how to do it.</i> • <i>The therapist does not research how to best work with a student with a disability that is unfamiliar to them.</i> • <i>The therapist engages in no professional development activities to enhance knowledge or skill.</i> • <i>The therapist never attends district staff developments.</i> 	<ul style="list-style-type: none"> • The therapist only participates in professional activities when they are required or provided by the district. ----- • <i>The therapist knows they should attend staff development that pertains to OT/PT, but attends one on Math Expressions because it fits best in their schedule.</i> • <i>The therapist politely attends district workshops and professional development days, but does not integrate use of the materials received.</i> 	<ul style="list-style-type: none"> • The therapist expands their knowledge through professional learning groups and organizations. • The therapist pursues options offered by universities. ----- • <i>The therapist takes an online course to expand their knowledge of best practice approaches to use with students who have cerebral palsy.</i> • <i>The therapist attends the district's optional summer workshops, knowing they provide a wealth of instructional/therapeutic strategies to be able to use during the school year.</i> 	<ul style="list-style-type: none"> • The therapist actively pursues professional development opportunities and seeks, organizes and/or leads opportunities for continued professional development. • The therapist has ongoing relationships with colleges and universities that support best practices in OT/PT. ----- • <i>The therapist participates in continuing education and shares the knowledge gained with all staff.</i> • <i>The therapist arranges speakers for the department specific to OT and/or PT needs.</i> • <i>The therapist meets with the OT's and PT's from neighboring school districts to brainstorm new evidence based therapeutic activities to use with students.</i> • <i>The therapist takes the initiative to offer staff development sessions in their area of expertise.</i>

<p>Service to the profession -----</p> <p>Therapists are active in professional organizations and/or communities in order to enhance both their personal practice and their capacity to provide leadership and support to colleagues.</p>	<ul style="list-style-type: none"> • The therapist is not connected with any professional communities. ----- • <i>Therapist does not make any effort to seek out input or connect with other therapists in the profession.</i> 	<ul style="list-style-type: none"> • The therapist contributes in a limited fashion to professional organizations or communities or study groups. ----- • <i>The therapist finds limited ways to contribute to the profession.</i> 	<ul style="list-style-type: none"> • The therapist actively participates in organizations or communities designed to contribute to the profession. ----- • <i>The therapist supervises therapy fieldwork students.</i> • <i>The therapist attends non-required relevant continuing education courses and shares the information with colleagues.</i> 	<ul style="list-style-type: none"> • The therapist makes a substantial contribution to the profession by offering workshops to colleagues, and taking an active leadership role in professional organizations or communities. ----- • <i>The therapist engages in activities that allow them contribute to the profession (e.g., supervising therapy fieldwork students, mentoring a new therapist, allowing job shadow opportunities).</i> • <i>The therapist contributes at a state or national level to enhance knowledge and advocate for the profession.</i>
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Domain 4 ♦ Professional Responsibilities

Component 4f: Showing Professionalism

Expert therapists demonstrate professionalism in service both to students and to the profession. Providing therapy at the highest levels of performance in this component is student focused, that is, putting students first regardless of how this position might challenge long-held assumptions, past practice or simply the easier or more convenient procedure. Accomplished therapists have a strong moral compass and again are guided by what is in the best interest of each student. They display professionalism in a number of ways. For example, therapists maintain interactions with colleagues in a manner notable for honesty and integrity. They know their students' needs and can readily access resources with which to step in and provide help that may extend beyond the classroom. They seek greater flexibility in ways that school rules and policies are applied, expert therapists also advocate for their students in ways that might challenge traditional views and the educational establishment. They display professionalism in the ways they approach problem-solving and decision-making, with student needs constantly in mind. Finally, accomplished therapists consistently follow school/department and district policies and procedures, and are willing to make improvements to those that may be outdated or ineffective.

Element	Level of Performance			
	Emerging – Level 1	Developing – Level 2	Proficient – Level 3	Distinguished – Level 4
Integrity and ethical conduct ----- Therapists act with integrity and honesty.	<ul style="list-style-type: none"> The therapist display a lack of integrity when interacting with colleagues and students. ----- <i>The therapist shares confidential information inappropriately.</i> 	<ul style="list-style-type: none"> The therapist is honest in interactions with colleagues and students. ----- <i>The therapist is not discreet when discussing confidential information and can be overheard throughout the room.</i> 	<ul style="list-style-type: none"> The therapist displays high standards of honesty, integrity, and confidentiality in interactions with colleagues and students. ----- <i>The therapist is trusted by colleagues; they share information and the colleague is confident it will not be repeated inappropriately.</i> 	<ul style="list-style-type: none"> The therapist is a leader in terms of honesty, integrity and confidentiality. ----- <i>The therapist offers suggestions, support and advice when they recognize that a colleague does not understand directions from a supervisor.</i>
Advocacy ----- Therapists support their student's best interests, even in the face of traditional practice or beliefs.	<ul style="list-style-type: none"> The therapist engages in practices that are self-serving. ----- <i>The therapist makes referrals to community providers with whom they have a fiduciary relationship.</i> 	<ul style="list-style-type: none"> The therapist does not notice that some school practices result in poor conditions for students. ----- <i>The therapist does not speak up for the student when they recognize school activities cause a student anxiety, embarrassment or behavioral outbursts.</i> 	<ul style="list-style-type: none"> The therapist actively works to provide opportunities for student success. ----- <i>The therapist advocates for the student when they recognize school activities cause a student anxiety, embarrassment or behavioral outbursts.</i> <i>The therapist provides prior authorization information or letter of necessity in order for family to procure equipment or materials for home use.</i> 	<ul style="list-style-type: none"> The therapist makes a concerted effort to ensure opportunities are available for all students to be successful. ----- <i>The therapist advocates for the student outside of the school environment, helps the family make connections with outside agencies and provides ongoing support as the link between the family and the community.</i>